

CITY OF MIAMI BEACH
BARGAINING UNIT GRIEVANCE PROCEDURE FORM

UNION GRIEVANCE #: _____

LABOR RELATIONS GRIEVANCE #: _____

Instructions: Spaces 1-9 should be typed so that the same information appears at all steps. The lower portion is to be completed at each step.

1. Bargaining Unit (check one only):

____ FRATERNAL ORDER OF POLICE (FOP)
____ AMERICAN FEDERATION OF STATE,
COUNTY & MUNICIPAL EMPLOYEES (AFSCME)

____ INTERNATIONAL ASSOCIATION OF FIREFIGHTERS (IAFF)
____ COMMUNICATIONS WORKERS OF AMERICA (CWA)
____ GOVERNMENT SUPERVISORS ASSOCIATION OF FLORIDA (GSAF)

2. Date of Occurrence:

3. Employee's Name & Classification:

4. Employee's Department/Division & Telephone Ext. (____):

5. Employee's Immediate Supervisor & Telephone Ext. (____):

6. Statement/Nature of Grievance:

7. Contract Article(s) Alleged Violated:

8. Suggested Adjustment:

9. _____
Employee Signature DateUnion Representative's Signature Date

TO BE COMPLETED AND PRESENTED AT EACH STEP

Step 1 - Presented by (signature/title) _____

Date:

Received by (signature/title):

Date:

STEP 1 RESPONSE (FROM DIVISION TO PRESENTER)

____ Grievance Denied (state why):
____ Grievance Resolved (state how):

(signature/title) _____

Date:

Received by (signature/title):

Step 2 - Presented by (signature/title) _____

Date:

Date:

STEP 2 RESPONSE (FROM DEPARTMENT TO PRESENTER)

____ Grievance Denied (state why):
____ Grievance Resolved (state how):

(signature/title) _____

Date:

Received by (signature/title):

Step 3 - Presented by (signature/title) _____

Date:

Date:

See Attached Reply to Step 3 from City Manager's Designee/Labor Relations

Received by (signature/title):

ARBITRATION REQUEST/ Presented by (signature/title) _____

Date:

Date:

FRATERNAL ORDER OF POLICE

FOP LODGE NO. 8

ELECTION OF REMEDY FORM

Grievance No. _____

1. _____

I/We elect to utilize the Grievance Procedure contained in the current Contract between the City of Miami Beach, Florida, and the FOP. In making this election, I/we understand that selection of another forum, as defined by the FOP Contract, shall bar any consideration of the Grievance under the FOP collective bargaining agreement.

2. _____

I/We elect to utilize another forum for my/our grievance, and in doing so, I/we understand that this election shall bar any consideration of this matter under the FOP collective bargaining agreement.

Signature

Date

Subject of Grievance/Appeal: _____

DRM:lsq
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